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**CONFIRMATION NO. 9115**

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SERIAL NUMBER 09/371,333	FILING OR 371(c) DATE 08/10/1999 RULE	CLASS 435	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 98-10D1
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/053,866 04/01/1998 PAT 6,111,075

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/25/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 1	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____	Initials _____			

**ADDRESS**

10117

**TITLE**

PROTEASEACTIVATED RECEPTOR PAR4 (ZCHEMR2)

FILING FEE RECEIVED 1294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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